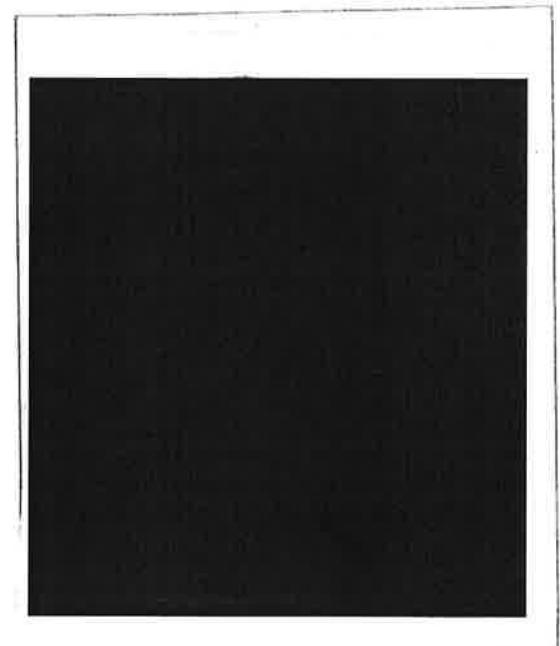


NAME (LAST)	(FIRST)	(M.I.)
PALADINO J J		

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]	1946	22	JULY	1968	

DATE OF PHOTOGRAPH:
JANUARY 1974



PERSONNEL PHOTOGRAPH/CHICAGO POLICE

CPD - 62-328 (12/73)

NAME Paladino, John J.

EMPLOYEE NO. [REDACTED]

## HOME ADDRESS

NUMBER

STREET

NUMBER

STREET

PLACE OF BIRTH Chicago, Ill.

DATE MO. [REDACTED]

YEAR 46

HEIGHT 5'9"

WEIGHT 160

DATE COLOR EYES

Brn

COLOR HAIR

Brn

PHYSICAL DISABILITIES

None

MARRITAL STATUS

DIVORCED  DATEWIDOWED  DATE

EDUCATION

GRADE

SCHOOL

HIGH SCHOOL

COLLEGE

OTHER

GRADUATE YES NO

GRADUATE YES NO

GRADUATE YES NO

A. C. V.

MAJOR

DEGREE

YEAR

MILITARY SERVICE:

## SEPARATIONS

DATE

TYPE

REINSTATEMENT DATE

DATE

TYPE

REINSTATEMENT DATE

NOTIFY IN EMERGENCY

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NO.

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NO.

DATE OF PROB'Y. APP'T. 7-22-68

DATE OF TEMPORARY APP'T.

DATE OF REGULAR APP'T.

LAST NAME

FIRST NAME

MIDDLE NAME

STAR NO.

EMPLOYEE NO.

Paladino

John

Joseph

9938

**EMERGENCY NOTIFICATION UPDATE**  
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

193 Detective

DATE

24 July 01

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

Phaoino, John

STAR/BADGE NO.

20771

EMPLOYEE NO.

SOCIAL SECURITY NO.

**PRIMARY EMERGENCY NOTIFICATION**

NAME (LAST - FIRST - M.I.)

RELATIONSHIP TO MEMBER



PERSONNEL ACTION REQUEST  
CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)  
ALADINO, JOHN, J.

TODAY'S DATE  
02 Jan. 2003

UNIT ASSIGNED  
606/630

ACTIVE DATE  
Jan. 2003

JOB TITLE  
Detective

STAR/BADGE NO.  
20471

EMPLOYEE NO.

SOCIAL SECURITY NO.

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)		INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
USED WITHOUT PAY - DISCIPLINARY		GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO.	UNIT C.O.
USED WITHOUT PAY - NON-DISCIPLINARY		GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
SENCE WITHOUT PAY - AWOP		GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR.	UNIT C.O.
MINATION - JOB ABANDONMENT		GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE. DISABILITY PENSION - SWORN ONLY		ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
AVE. MILITARY (PAID ENCLAMPT - 14 DAYS MAX.)		GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE. MILITARY - WITHOUT PAY		GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE. IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
PAID ABSENCE (29 DAYS AND UNDER) - NO SURANCE BENEFITS		GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE. OTHER (30 DAYS AND OVER)		GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE. ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT., B.A.S.
AVE. EXTENSION OF		GIVE DATES & REASON, COMPLETE REVERSE SIDE, ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
ARRIAGE LEAVE		GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE		GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT		GIVE EFFECTIVE DATE ATTACH PER-78 (EXIT INTERVIEW REPORT). AS SOON AS RESIGNATION IS ADVISED BY THE COMMANDING OFFICER, THIS COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PAYROLL/ FINANCE DIVISION BY PAY TELEPHONE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION		GIVE EFFECTIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
EPARATION TO ACCEPT OTHER CITY POSITION / TITLE		GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
EATH IN FAMILY		GIVE DATES & RELATIONSHIP TO DECEASED	UNIT C.O.
TRANSFER REQUEST		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT.
ECOGNIZED OPENING BID (FOP)		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
ECOGNIZED VACANCY BID (FOP)		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO.: <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.:	18	POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE	STAR NO.		

REMARKS SECTION

Retirement to accept pension C.O.B. 15 January 2003 Effective: 16 January 2003

Finance Div. Notified: 03 JANUARY 03 0905 hrs. Civ. Bell

I.A.D. Notified: 03 JAN. 03 0910 hrs. DATA BPO PIENTA

SIGNATURE	SIGNATURES		RECORDS	
<input checked="" type="checkbox"/> RECOMMEND APPROVAL DISAPPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL DISAPPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL DISAPPROVAL	RECORDS	
<input type="checkbox"/> RECOMMEND APPROVAL DISAPPROVAL	# 256		APPROVED	DISAPPROVED
SIGNATURE	SIGNATURE		SIGNATURE	SIGNATURE
Comments	FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES USE			
APPROVED DISAPPROVED				
I.A.D. CLEARANCES AS OF 15 Jan 03				

PERSONNEL ORDER NO. 2003-016  
 "B" series Employment

Resignations for Department members have been processed as follows:

<u>Name</u>	<u>Empl.#</u>	<u>Rank/Job Title</u>	<u>Unit/Detail</u>	<u>Effective Date</u>
COGLEY, Michael B.	[REDACTED]	Sergeant	010	14 Jan 2003
LANE, James E.	[REDACTED]	Sergeant	050	16 Jan 2003
WHITMORE, Roy L.	[REDACTED]	Sergeant	377	15 Jan 2003
DROZD, Robert S.	[REDACTED]	Gang Specialist	189	20 Jan 2003
PALADINO, John J.	[REDACTED]	Detective	630/606	15 Jan 2003
FENNELL, John J.	[REDACTED]	Investigator	620	15 Jan 2003
MACFARLAN, David J.	[REDACTED]	Investigator	630	15 Jan 2003
DOWNING, Anthony	[REDACTED]	Police Officer	005/165	16 Jan 2003
TREZISE JR., Raymond H.	[REDACTED]	Police Officer	630	15 Jan 2003
BAKER, De Andre C.	[REDACTED]	Service Writer	173	15 Jan 2003
MACKEY, Linda	[REDACTED]	Traffic Control Aide	152	31 Jan 2003
TERRY, Charlene	[REDACTED]	Traffic Control Aide	152	31 Jan 2003

Terry G. Hillard  
 Superintendent of Police

Authenticated: [REDACTED]

DISTRIBUTION: E

Residency Affidavit

City of Chicago

Department

Police

Bureau

DETECTIVE Division

Name

JOHN J. PALADINO

Position title

Detective

Social security number

[REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is

[REDACTED] (zip code) 60629

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

BY SIGNING THIS RESIDENCY AFFIDAVIT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND BOTH THE FRONT AND REVERSE SIDES OF THIS RESIDENCY AFFIDAVIT, AND FURTHER CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

Signed

Date

13 Dec 83

Complete and sign two copies.  
First copy to department file.  
Second copy to Department of Personnel.

(See reverse side.)



City of Chicago  
Employee Change of Address Form

Department POLICE Bureau AREA 2 VIOLENT CRIMES  
Name PALADINO, JOHN, J.  
Position title DETECTIVE  
Social Security number ██████████

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address ██████████ Zip Code 60629  
New Address ██████████ Zip Code 60608  
Effective Date 21 Sep. 84  
New Phone Number ██████████

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

UFO ENTERPRISES  
3803  
Date 28 Sep. 84

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

City Hall  
Room 1100  
744-4954

CITY OF CHICAGO  
DEPARTMENT OF PERSONNEL  
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division

NAME John J. Paladine

POSITION TITLE Detective

SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60643

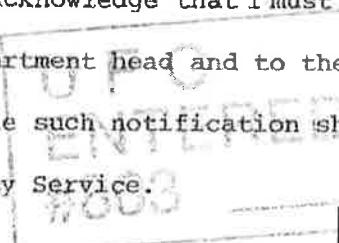
New Address [REDACTED] (Zip Code) 60629

Effective Date 1 Nov. 83

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed [REDACTED]

Date 1 Nov. 83

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

RECEIVED

12/1/83 8:01 AM C

RECEIVED 12/1/83

City Hall  
Room 1100  
744-4954

CITY OF CHICAGO  
DEPARTMENT OF PERSONNEL  
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division/A/2 V/C

NAME Paladino, John, Jr.

POSITION TITLE Detective

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address \_\_\_\_\_ (zip Code) 60655

New Address \_\_\_\_\_ (zip Code) 60643

Effective Date 11 Dec. 81

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed

Date

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

(See Reverse Side)

Pcr-72

CITY OF CHICAGO

DEPARTMENT Chgo. Police BUREAU 006  
NAME John J. Paladino  
POSITION TITLE Patrolman  
SOCIAL SECURITY NO. [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]  
Chgo. Ill. (zip code) 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

Signed [REDACTED]

Date 11 April 1976

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.



Personnel Section.

19 JUN 68.

To. Commanding Officer Personnel Section.

From. Det. James J. Fahey, Personnel Section.

Subject. Investigation Of Police Candidate - Paladino, John Joseph.  
[REDACTED] No Phone.

Cont.

Investigation Of Police Candidate - Paladino, John Joseph.  
[REDACTED]  
No Phone.

[REDACTED]

Det. James J. Fahey.  
#1915.

J



**City of Chicago  
Employee Change of Address Form**

Department POLICE Bureau DETECTIVE DIVISION

Name JOHN J. PALADINO

Position title DETECTIVE

Social Security number \_\_\_\_\_

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address \_\_\_\_\_ Zip Code 60608

New Address \_\_\_\_\_ Zip Code 60616

Effective Date: 13 Sep. 86

New Phone Number

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

~~Signed~~

Date

Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

City of Chicago  
Employee Change of Address Form

Department POLICE Bureau Detective Division

Name John J. Paladino

Position title Detective

Social Security number ██████████

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address ██████████ Zip Code 60616

New Address ██████████ Zip Code 606~~3~~8

Effective Date 20 Feb. 88

New Phone Number ██████████

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed ██████████

Date 3 FEB. 88

Name of Person Making Designation of Beneficiary: John J. Paladino

## DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address  
of each beneficiary:

Relationship,  
if any:

### Percentage Shares:

11. *Leucosia* *leucostoma* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

Print name (first, middle, last) of person making designation of beneficiary:

John J. Paladino

Address:

Date of Birth

Social Security Number:

Place of Employment under the Act: CHICAGO POLICE DEPARTMENT

Address: 1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of person making designation of beneficiary:

Address of Witness:

CHICAGO, ILL

Date: 3 Dec. 1998

\*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

PERSONNEL ACTION REQUEST  
CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST FIRST M.I.)

Paladino, John, J.

JOB TITLE

Detective

EFFECTIVE DATE  
3 Nov. 86TODAY'S DATE  
7 Oct. 86

INSTRUCTIONS: Use a separate form for each action.

STAN NO.

9938

SOCIAL SECURITY NO.

NAME OF APPLICANT

DISTRICT UNIT

522

ROUTING  
PERSONNEL DIVISION ONLYPAYMENT  
CASH & PAY  
BONDS & INSURANCE  
STRENGTH DRAFT

NO.

PAYROLL  
KARDEX  
JACKET FILE  
MEDICALCHECK TYPE OF ACTION HERE  
(DO NOT CHECK MORE THAN ONE)

EXCUSED WITHOUT PAY-DISCIPLINARY

EXCUSED WITHOUT PAY-NON-DISCIPLINARY

LEAVE, DISABILITY PENSION (DUTY RELATED)

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

LEAVE, MILITARY (ANNUAL ENCAMPMENT)

LEAVE, MILITARY-WITHOUT PAY

LEAVE, OTHER (29 DAYS AND UNDER)

LEAVE, OTHER (30 DAYS AND OVER)

LEAVE, EXTENSION OF

MARRIAGE LEAVE

NAME CHANGE

PERSONNEL REQUEST-ADDITIONAL, CIVILIAN

RESIGNATION TO ACCEPT PENSION

RESIGNATION

SECONDARY EMPLOYMENT

TRANSFER REQUEST

CHICAGO

22 OCT

INFORMATION REQUIRED  
(SPECIFY IN "REMARKS SECTION" BELOW)

GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES AND C.R. NO.

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

GIVE DATES AND REASON (COMPLETE REVERSE SIDE)

GIVE DATES REQUESTED IN REMARKS SECTION

GIVE NEW NAME IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION

GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON

GIVE DATE, GIVE D.O.B.

AS SOON AS RESIGNATION IS ACTED UP BY THE COMMANDING  
OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL  
AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY FAX PHONE

COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE

GIVE UNIT OF ASSIGNMT. REQUESTED, REASON, HOME ADDRESS, DATE OF APPOINTMT., DATE ASSIGNED  
TO CURRENT UNIT (FORWARD WHITE COPY TO PERSONNEL DIV. WITH MEMBER'S SIGNATURE ONLY)UNIT C.O.  
UNIT C.O.MEMBER, UNIT C.O.  
CHIEF POLICE SURGEONMEMBER, UNIT C.O.  
CHIEF POLICE SURGEONMEMBER, UNIT C.O.  
AREA CHIEF OR DIVISION C.O.MEMBER, UNIT C.O., AREA CHIEF OR  
DIVISION C.O.MEMBER, UNIT C.O., AREA CHIEF OR  
DIVISION C.O.MEMBER, UNIT C.O., AREA CHIEF OR  
DIVISION C.O.MEMBER, UNIT C.O., AREA CHIEF OR  
DIVISION C.O.MEMBER, UNIT C.O., AREA CHIEF OR  
DIVISION C.O.

## SECONDARY EMPLOYMENT (SIGN AGREEMENT ON REVERSE SIDE)

NAME OF FIRM OR BUSINESS

ADDRESS

DISTRICT NO. OF FIRM/BUSINESS

TELEPHONE NO.

FIRM'S PRODUCT OR SERVICE

HOURS PER DAY

DAYS PER WEEK

TOTAL HOURS PER WEEK

EXPECTED LENGTH OF JOB

DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)

EXPIRATION DATE (IF APPROVED)

(LEAVE  
BLANK)

## REMARKS SECTION

## SIGNATURES

 RECOMMEND  
APPROVAL DISAPPROVAL RECOMMEND  
APPROVAL DISAPPROVALRECOMMEND  
APPROVAL  
DISAPPROVALRECOMMEND  
APPROVAL  
DISAPPROVALFOR PERSONNEL DIVISION USE ONLY  
 APPROVED  
 DISAPPROVEDRECOMMEND  
APPROVAL  
DISAPPROVALRECOMMEND  
APPROVAL  
DISAPPROVALRECOMMEND  
APPROVAL  
DISAPPROVAL

32 01 9861 100 91

CLEARANCE AS OF:

PERSONNEL ACTION REQUEST CHICAGO POLICE DEPARTMENT		INSTRUCTIONS: Use a separate form for each action.		
NAME OF THE AFFECTED (LAST - FIRST - M.I.) <b>Paladino, John, J.</b>		STAFF NO. <b>9938</b>	ROUTING NO. PERSONNEL DIV. USE ONLY	NO.
DEB TITLE <b>Detective</b>	EFFECTIVE DATE <b>10/31/83</b>	SOCIAL SECURITY NO. [REDACTED]	DISTRICT/UNIT <b>622</b>	EMPLOYMENT CLASS & PAY BONDS & INSURANCE STRENGTH DECK
PAYROLL NARDEX JACKET FILE MEDICAL				
TYPE OF ACTION				
CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)		INFORMATION REQUIRED (SPECIFY IN "REMARKS SECTION" BELOW)		SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY		GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES AND C.R. NO.		UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY		GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES		UNIT C.O.
LEAVE, DISABILITY PENSION (DUTY RELATED)		GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., CHIEF POLICE SURGEON
LEAVE, DISABILITY PENSION (NON-DUTY RELATED)		GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., CHIEF POLICE SURGEON
LEAVE, MILITARY (ANNUAL ENCAMPMENT)		GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY		GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (20 DAYS AND UNDER)		GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)		GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, EXTENSION OF		GIVE DATES AND REASON (COMPLETE REVERSE SIDE)		MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
MARRIAGE LEAVE		GIVE DATES REQUESTED IN REMARKS SECTION		MEMBER, UNIT C.O.
NAME CHANGE		GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION		MEMBER, UNIT C.O.
PERSONNEL REQUEST, ADDITIONAL CIVILIAN		GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON		UNIT C.O., DIV. C.O., DEP. Supt.
RESIGNATION TO ACCEPT PENSION		GIVE DATE, GIVE D.C.B.	AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY PAY PHONE	
RESIGNATION		GIVE DATE AND REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.	
SECONDARY EMPLOYMENT		COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE		
TRANSFER REQUEST		GIVE UNIT OF ASSIGNMENT REQUESTED, REASON, HOME ADDRESS, DATE OF APPOINTMENT, DATE ASSIGNED TO CURRENT UNIT (FORWARD WHITE COPY TO PERSONNEL DIV. WITH MEMBER'S SIGNATURE ONLY)		
SECONDARY EMPLOYMENT (SIGN AGREEMENT ON REVERSE SIDE)				
NAME OF FIRM OR BUSINESS		ADDRESS		DISTRICT NO. OF FIRM/BUSINESS
FIRM'S PRODUCT OR SERVICE		HOURS PER DAY	DAYS PER WEEK	TOTAL HOURS PER WEEK
DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)		EXPECTED LENGTH OF JOB		
		EXPIRATION DATE (IF APPROVED)		
		(LEAVE BLANK)		

REMARKS SECTION				
<div style="background-color: black; height: 40px; width: 100%;"></div>				
<p style="text-align: right;">-9 NOV 1989 08</p> <p style="text-align: right;">CHICAGO POLICE FINNANSE DIVISION</p>				
<p><i>[Large handwritten signature]</i></p>				
<p><b>SIGNATURES</b></p>				
<table border="0"> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> RECOMMEND APPROVAL   <input type="checkbox"/> DISAPPROVAL         </td> <td style="vertical-align: top;"> <input type="checkbox"/> RECOMMEND APPROVAL   <input type="checkbox"/> DISAPPROVAL         </td> <td style="vertical-align: top;">           SIGNATURE &amp; TITLE             SIGNATURE &amp; TITLE         </td> </tr> </table>		<input checked="" type="checkbox"/> RECOMMEND APPROVAL  <input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL  <input type="checkbox"/> DISAPPROVAL	SIGNATURE & TITLE  SIGNATURE & TITLE
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<p><b>FOR PERSONNEL DIVISION USE ONLY</b></p>				
<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> RECOMMEND APPROVAL   <input type="checkbox"/> RECOMMEND DISAPPROVAL         </td> <td style="vertical-align: top; text-align: center;">           SIGNATURE         </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> APPROVED   <input type="checkbox"/> DISAPPROVED         </td> </tr> </table>		<input type="checkbox"/> RECOMMEND APPROVAL  <input type="checkbox"/> RECOMMEND DISAPPROVAL	SIGNATURE	<input checked="" type="checkbox"/> APPROVED  <input type="checkbox"/> DISAPPROVED
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<p>COMMENTS</p>				

I.A.D. CLEARANCE AS OF:

## CHICAGO POLICE DEPARTMENT/training division

FINAL GRADE REPORT  
Recruit Training

LAST NAME	First Name	M.I.	Star #	Group	Date Appointed
<u>PALADINO</u>	<u>John</u>	<u>J.</u>	<u>9938</u>	<u>68-158</u>	<u>22 July 68</u>
Homeroom Instructor			Star #	Rank	Date Graduated
	<u>Sgt. M. INUERGO</u>		<u>1606</u>	<u>Sgt.</u>	<u>25 October 68</u>

NAME PALADINO

(Last)

JOHN

(First)

JOSEPH

(Middle)

Rank \_\_\_\_\_ No. in Class \_\_\_\_\_

Scholastic Average \_\_\_\_\_

FAILURES

08-110 

ENVELOPE FOR STUDENT'S RECORD

CHICAGO PUBLIC SCHOOLS



I certify that I have been informed of  
and understand the provisions of BUMED  
INSTRUCTION 6120.6 current series.

None

*(Use additional sheets if necessary)*

REPORT OF MEDICAL EXAMINATION

88-103  
0109-700-7002

*comment. Continue in item 73 and use additional sheets if necessary.)*

#39. None noted

*(Continue in item 73)*



2003 SWORN STAFF TIME  
TENDANCE RECORD

PALANTIK JOHN J

R.E.S. 003 EME  
9165 UNIT 605 SSN 21AUG68  
CSD 21AUG68 SEN 21AUG68

FUR. SEC. 1 FUR. SEC. 2

ACCURED FUR/LOVAC TIME												
FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	FUR. SEC.	
CYCLE 1	122 DEC 23	24	25	26	27	28	29	30	31	32	33	34
ACTUAL HOURS	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50
OVERT. TIME												
COMP. TIME												
PAY HOURS												
ACTUAL OVERT.												
PAY HOURS												
CYCLE 2	19 JAN 20	21	22	23-18	24	25	26	27	28	29	30	31
ACTUAL HOURS												
OVERT. TIME												
COMP. TIME												
PAY HOURS												
ACTUAL OVERT.												
PAY HOURS												
CYCLE 3	16 FEB 17	18	19	20-28	21	22	23	24	25	26	27	28
ACTUAL HOURS	5	6-2A	7	8	9	10	11	12	13	14	15	16
OVERT. TIME												
COMP. TIME												
PAY HOURS												
ACTUAL OVERT.												
PAY HOURS												
CYCLE 4	18 MAR 17	18	19	20-38	21	22	23	24	25	26	27	28
ACTUAL HOURS	5	6-3A	7	8	9	10	11	12	13	14	15	16
OVERT. TIME												
COMP. TIME												
PAY HOURS												
ACTUAL OVERT.												
PAY HOURS												

Retires 01/15/2003

CPD-11.602-5 (2003) SWORN STAFF RECORDS

D2-258

## PERSONNEL ACTION REPORT

EFF DATE 1-1-02  
EMP NAME PALADINO, John J.  
ACTION Activity Change  
TITLE FROM

SOC SEC NO

DEPT Police

1

INITIAL

TO Police Officer/As Detective

ACT CODE	CHARGEABLE TO			BARG UNIT	TITLE CODE	BUDGETED PAYRATE	F P CLASS GR	PAYROLL NUMBER	PAYRATE			STATUS
	FUND	DEPT	SECT/SUB						AMOUNT	PER HR	ANNUAL AMT	
FROM	100	57	4090	91	9165		R D-2	1180	5184.50		62,214	CS
TO	100	57	3240	91	9165	50,052	R D-2	1180	5184.50		62,214	CS
ORG	1005		DIV	2030								
REMARKS												SHAK EX
PREPARED BY	P-17											YES <input type="checkbox"/> NO <input type="checkbox"/>

PREPARED BY	Bailey 1-29-02	DATE	5-5670	EXT	APPROVED DOP	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
BUREAU	For the Superintendent	DATE			APPROVED S D	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
DEPT HEAD		DATE			APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
NEW HIRE ADDRESS		DATE			APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
					ZIP	PERS ONLY	

STATE OF ILLINOIS

**County of Cook**

**CITY OF CHICAGO**

STAR

9938

- having been appointed to the

Office of

1881-1882

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois; and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Subscribed and sworn to before me, this

22 day of July 1968

## ANSWER

SIGNATURE

PRINT

NOTARY PUBLIC

My Commission Expires March 29, 1970

NAME (LAST - FIRST - M.I.)

STAR/BADGE NO. 26471

APPOINTMENT DATE

CIVILIAN

PRIVATE ADDRESS		NAME OF SPOUSE	BENEFICIARY ON INSURANCE	ZIP CODE	TELEPHONE NO.	SEX	DATE OF BIRTH MONTH DAY	HEIGHT	WEIGHT	YEAR	COLOR HAIR	COLOR EYES	DISTRICT OF RESIDENCE	BLOOD TYPE
MARITAL STATUS														

EMERGENCY NOTIFICATION, IF DIFFERENT THAN ABOVE (NAME & TELEPHONE NO.)

POLICE TRAINING & EDUCATION

FIREARMS				EQUIPMENT				PERFORMANCE RATINGS			
MAKE	SERIAL NO.	CAL.	BARREL LENGTH	ITEM	NUMBER	YEAR	JAN - JUNE	JULY - DEC	YEAR	JAN - JUNE	JULY - DEC
				HELMET	97						
				LOCKER	98						
					99						
					3000						
					3001						
					3002						
					3003						

AWARDS, COMMENDATIONS & CITATIONS

ORIGIN & NATURE

DATE

ORIGIN & NATURE


NAME (LAST — FIRST — M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

APPOINTMENT DATE

X SWORN

CIVILIAN

PALADINO, John

HOME ADDRESS [REDACTED] ZIP CODE 60638

MARITAL STATUS NAME OF SPOUSE RAMIS 101- 23&24 Jun 90

EMERGENCY NOTIFICATION, IF DIFFERENT THAN ABOVE (NAME & TELEPHONE NO.)

EMPLOYEE NO. [REDACTED] TELEPHONE NO. [REDACTED]

DATE OF BIRTH [REDACTED]

SEX M

BENEFICIARY ON INSURANCE [REDACTED]

YEAR OF BIRTH 46

HEIGHT 5'9

WEIGHT 165

COLOR HAIR Black

COLOR EYES Brown

BLOOD TYPE A+

22 July 68 (21 Aug 68)

DISTRICT OF RESIDENCE 008

## POLICE TRAINING &amp; SPECIAL QUALIFICATIONS (SPECIAL LANGUAGE SKILLS)

John J. Paladino

John J. Paladino

FIREARMS				EQUIPMENT				PERFORMANCE RATINGS			
MAKE	SERIAL NO.	CAL.	BARREL LENGTH	ITEM	NUMBER	YEAR	JAN - JUNE	JULY - DEC	JAN - JUNE	JULY - DEC	JULY - DEC
Colt	357	4	HELMET	Buco	19260	82				89	
S&W Combat	38	2	LOCKER			83				90	
			Safety Vest	5311892		84				91	
			Raid Cap	Kevl. 10 Aug 85		85				92	
						86				93	
						87				94	
						88				95	
										96	
										98	

## AWARDS, COMMENDATIONS &amp; CITATIONS

DATE	ORIGIN & NATURE	DATE	ORIGIN & NATURE
1981	5 Honorable Mentions	13 Apr 90	H.M. RD# N-165116
24 Sept 82	P.O. 82-369 Meritorious Performance	1982	2 Honorable Mentions
28 Apr 88	H.M. RD# K-167024	14 Jan 89	H.M. RD# M-021900
22 Dec 89	H.M. RD# M-587566	23 Mar 90	H.M. RD# N-107907



**PERSONNEL ACTION REQUEST**  
**CHICAGO POLICE DEPARTMENT**

TODAY'S DATE  
02 Jan. 2003

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)  
PALADINO, JOHN, J.

STAR/BADGE NO.  
20471

EMPLOYEE NO.  
[REDACTED]

UNIT ASSIGNED  
606/630

EFFECTIVE DATE  
18 Jan. 2003 C.O.B.

JOB TITLE  
Detective

SOCIAL SECURITY NO.  
[REDACTED]

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)		TYPE OF ACTION	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY		GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO.	UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY		GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
ABSENCE WITHOUT PAY - AWOP		GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR	UNIT C.O.
TERMINATION - JOB ABANDONMENT		GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, DISABILITY PENSION - SWORN ONLY		ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT. - 14 DAYS MAX.)		GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY		GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE. IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS		GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)		GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE, ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt., B.A.S.
LEAVE, EXTENSION OF		GIVE DATES & REASON, COMPLETE REVERSE SIDE, ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE		GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE		GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT		GIVE EFFECTIVE DATE ATTACH PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION		GIVE EFFECTIVE DATE AS SOON AS RESIGNATION IS AGREED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION & THE PAYROLL FINANCE DIVISION BY PAY TELEPHONE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
SEPARATION TO ACCEPT OTHER CITY POSITION / TITLE		GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY		GIVE DATES & RELATIONSHIP TO DECEASED	UNIT C.O.
TRANSFER REQUEST		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt.
RECOGNIZED OPENING BID (FOP)		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)		COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

**PERSONNEL TRANSFER & ASSIGNMENT SECTION**

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.	POSITION REQUESTED		
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE	STAR NO.		

**REMARKS SECTION**

Retirement to accept pension C.O.B. 15 January 2003 Effective: 16 January 2003

Finance Div. Notified: 03 JANUARY 03 0905 hrs. Civ. Bell

I.A.D. Notified: 03 JAN. 03 0910 hrs. P.O. PIENTA

**SIGNATURES**

RECOMMEND  
 APPROVAL  
 DISAPPROVAL

RECOMMEND  
 APPROVAL  
 DISAPPROVAL

RECOMMEND  
 APPROVAL  
 DISAPPROVAL

**FOR PERSONNEL DIVISION / BUREAU OR ADMINISTRATIVE SERVICES**

RECOMMEND  
APPROVAL  
DISAPPROVAL

APPROVED  
DISAPPROVED

COMMENTS

Release entry 09 1-10-03

F.A.D. CLEARANCE  
AS OF:

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

3. SOCIAL SECURITY NUMBER

STATE OF ILLINOIS )  
COUNTY OF COOK )

DISTRICT NO. 193

I, Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint Dorothy J. Picadino a Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand Dec 8, 2000  
Dorothy Brown  
Clerk of the Circuit Court of Cook County, Illinois

By \_\_\_\_\_ Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy.

Dorothy Brown Officer's Signature

Chicago Police Dept. By Whom Employed

STATE OF ILLINOIS )  
COUNTY OF COOK )

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

Dorothy Brown Officer's Signature

Dorothy J. Picadino (Please Print) Officer's Name

Oct. 2000 Star No.

SIGNED AND SWORN to before me

Dorothy Brown, 2000  
Clerk of the Circuit Court of Cook County

By \_\_\_\_\_ Deputy Clerk

**CANDIDATE INTERVIEW RATING**  
**ORGANIZED CRIME DIVISION/CHICAGO**

DATE OF INTERVIEW - TIME  
10 August 1991 1000

**CANDIDATE (RANK - NAME)**

STAR NO.

TIME  
1000

DET. PALADINO, John J.

**POSITION SOUGHT**

**UNIT/SQUAD**

LOCATION OF INTERVIEW

193/ Intelligence Section

This image shows a blank, dark gray page. At the top right corner, there is a small, white rectangular area that appears to be a scan of a physical document. The rest of the page is entirely black.

RATED BY - PRINT RANK, NAME

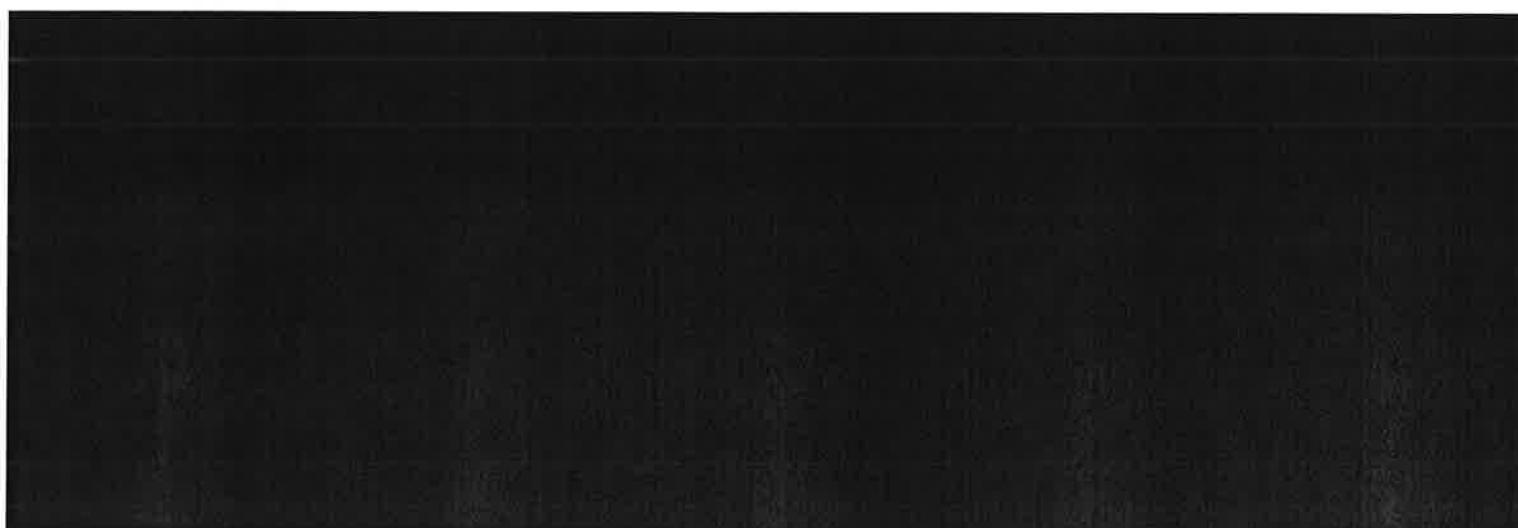
STAR NO.

SIG

J. JOHN (WASHER) 359  
EXEMPT COMMANDING OFFICER'S REVIEW/NOTATIONS (ADD INITIALS & DATES AS APPROPRIATE)

PREVIOUS OCCUPATIONS:

S  
V



APPLICATION/ORGANIZED CRIME DIVISION  
BUREAU OF INVESTIGATIVE SERVICES ADMINISTRATIVE GROUP  INTELLIGENCE SECTION  
 NARCOTICS SECTION  VICE CONTROL SECTIONMUST BE TYPED OR PRINTED  
ANSWER ALL QUESTIONS ON FRONT  
AND REVERSE OF APPLICATION

DATE OF APPLICATION

6 Aug. 91

NAME (LAST - FIRST - M.I.)

PALADINO, John, J.

RANK Det. STAR NO. 9938

EMPLOYEE NO. [REDACTED]

HOME ADDRESS  
[REDACTED]ZIP CODE  
60638

HOME TELEPHONE NO. [REDACTED]

DATE OF BIRTH

46

SEX/RACE

M/r

SOCIAL SECURITY NO. [REDACTED]

APPOINTMENT DATE

22 Jul. 68

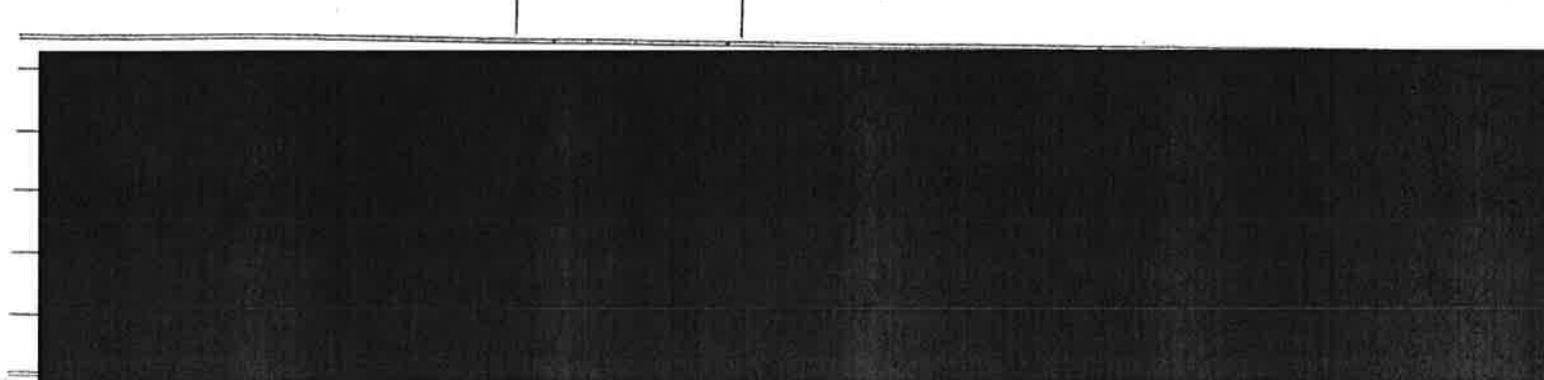
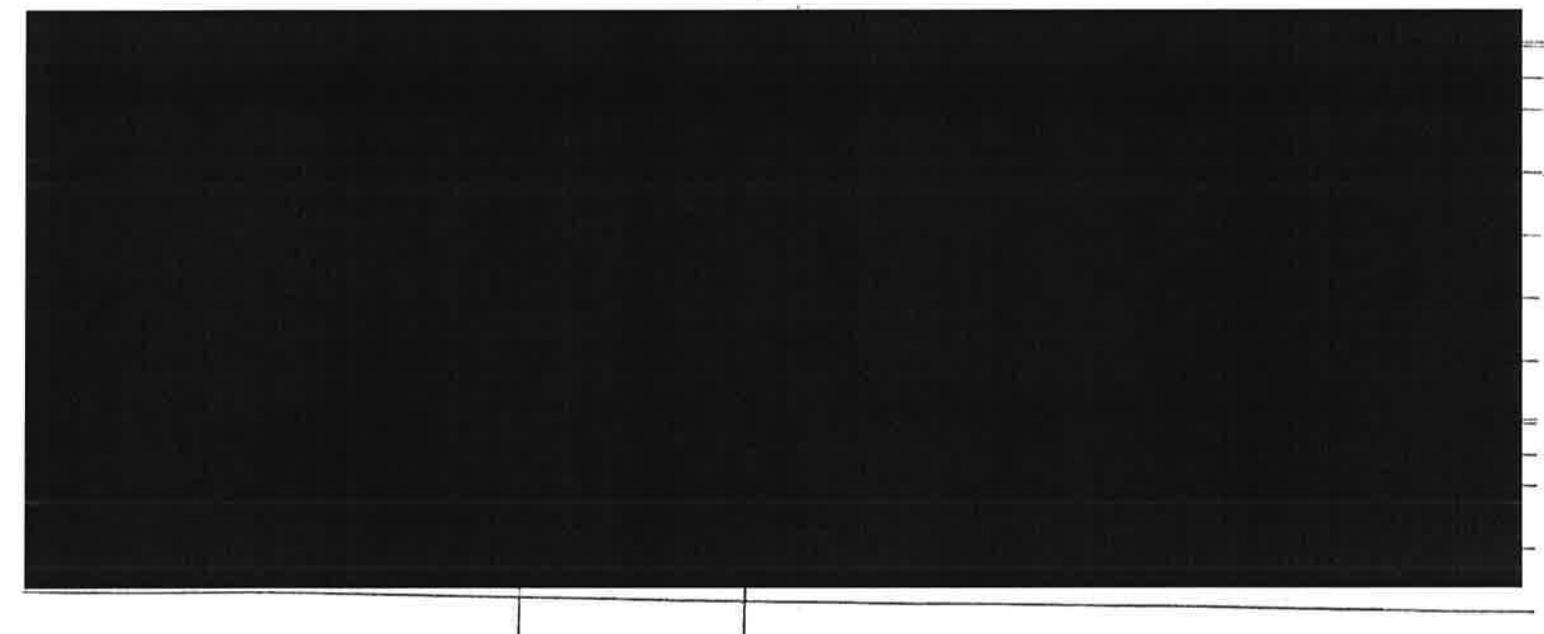
PROMOTION DATE(S)

To Det. Sep. 77

PRESENT UNIT/ASSIGNMENT

PAX

A/3/ Violent Crimes 9-311 BELL 747-6280



STATE OF ILLINOIS )  
COUNTY OF COOK ) ss

DISTRICT NO. 193

I, Aurelia Pucinski, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint John Pasadino

Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

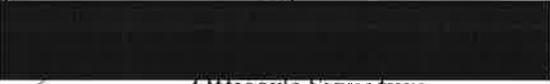
Given under my hand 9 Dec, 1996

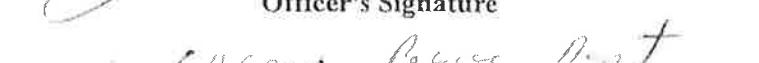
Aurelia Pucinski

Clerk of the Circuit Court of Cook County, Illinois

By John Pasadino Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in such limited capacity as a Deputy Clerk.

  
Officer's Signature

  
(By Whom Employed)

STATE OF ILLINOIS )  
COUNTY OF COOK ) ss

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

  
Officer's Signature

John Pasadino

Officer's Name (Please Print)

Detective

20476

Officer's Rank

Star No.

SIGNED AND SWORN to before me

9 Dec, 1996

  
Clerk of the Circuit Court of Cook County, Illinois

By  Deputy Clerk

PALADINO JOHN J

08/04/02

# 20471

RES 008 EMP [REDACTED]

9165 UNIT 193 SSN [REDACTED]

CSD 21AUG68 SEN 21AUG68

ACCURED PUTOVAC TIME

205

COMP. TIME HOURS

100

OTHER

0

BALANCE FORWARD

105.50

\$ EARNED

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BALANCE FORWARD

105.50

1 TOTAL EARNED

2 FLSA EARNED

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3 USED

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6 USED

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BALANCE FORWARD

105.50

1 TOTAL EARNED

2 FLSA EARNED

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BALANCE FORWARD

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BALANCE FORWARD

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2000 SWORN TIME &  
ATTENDANCE RECO

PALADINO JOHN J # 20471

卷之三

PALADING JOHN J

# 20471

RES CC8 EFP

9165 UNIT 193 SSN  
CSD 21AUG66 SEN 21AUG662000 SWORN TIME &  
ATTENDANCE REC'D

5B-7B

SOCIAL SECURITY NO.

SENIORITY DATE

POSITION: AG-1100  
258RD  
GROUTEDCOMPTIME HOURS  
FEEPAID  
OVERTIMEBALANCE  
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PALADING JOHN J

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9165 UNIT 193 SSN  
CSD 21AUG68 SEN 21AUG68

NAME \_\_\_\_\_  
2000 SWORN TIME &  
A TRIAL RECORD

2000 SUMMER  
INTERNATIONAL  
CONFERENCE

PALACIO JOHN J. # 7  
RES 001 UNIT 193 S  
9165 CFS 21011568 SEN

STAN NO	SENIORITY DATE	JURISDICTION	LOCATION
1	1/1/2000	1	1

9165 UNIT 193 SSA  
CSE 21AUG68 SEN 21AUG68

2001 SWORN TESTIMONY

PALADING JOHN J # 20471  
RES 008 EMP  
3165 UNIT 193 SSN

RES 008 EMP 193 SSN 21AUG68 SEN 21AUG68





PALADINO JOHN J

# 20471  
RES 008 EMP

9165 UNIT 193 SSN  
ESD 21AUG68 SEN 21AUG68

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PALADINI JOHN J

# 20471  
RES 008 EMP9165 UNIT 193 SSN  
CSD 21AUG68 SEN 21AUG68 DDC 5/14

2002 SWORN TIME ATTENDANCE REC		53-76		# 20471		9165 UNIT 193 SSN		CSD 21AUG68 SEN 21AUG68 DDC 5/14		GRANT		BPD CARRYOVER		TOTAL		P/DAYS SPENT		P/DAYS SPENT		TOTAL		ACCRUED FURLOUGH TIME	
CYCLE	1507	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
ACTUAL OVERT. COMP. TIME	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1309	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
ACTUAL OVERT. COMP. TIME	13	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1409	25	26	27	28	29	30	100	2	3	3	3	3	3	3	3	3	3	3	3	3	3	
ACTUAL OVERT. COMP. TIME	13	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1509	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	100	2	3	3	
ACTUAL OVERT. COMP. TIME	13	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1609	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	100	2	
ACTUAL OVERT. COMP. TIME	13	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1709	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	100	
ACTUAL OVERT. COMP. TIME	12	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1809	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
ACTUAL OVERT. COMP. TIME	11	10	9	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	1909	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
ACTUAL OVERT. COMP. TIME	10	9	8	9	10	9	10	9	10	9	10	9	10	9	10	9	10	9	10	9	10	9	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2009	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
ACTUAL OVERT. COMP. TIME	9	8	7	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	9	8	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2109	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
ACTUAL OVERT. COMP. TIME	8	7	6	7	8	7	8	7	8	7	8	7	8	7	8	7	8	7	8	7	8	7	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2209	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
ACTUAL OVERT. COMP. TIME	7	6	5	6	7	6	7	6	7	6	7	6	7	6	7	6	7	6	7	6	7	6	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2309	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
ACTUAL OVERT. COMP. TIME	6	5	4	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	6	5	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2409	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
ACTUAL OVERT. COMP. TIME	5	4	3	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2509	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
ACTUAL OVERT. COMP. TIME	4	3	2	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2609	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
ACTUAL OVERT. COMP. TIME	3	2	1	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2709	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
ACTUAL OVERT. COMP. TIME	2	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2809	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	2909	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	3009	0	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	3109	0	0	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	3209	0	0	0	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
CYCLE	3309	0	0	0	0	0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
ACTUAL OVERT. COMP. TIME	1	0	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
PAY HOURS	135	128	120	20	35	35	110																

PALADING JOHN J

# 20471

RES-008 EMP  
9165 UNIT 193 SSN  
CSO 21AUG68 SEN 21AUG68
CYCLE	HOURS	ACTUAL PAYROLL												P.DAYS CARRIED OVER		TOTAL PAY		ACCU'D FURLOH/VAC TIME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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22	1223	1224	1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236	1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248	1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260	1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272	1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284	1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296	1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308	1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320	1321	1322	1323	1324	1325	1326	1327	1328	1329	1330	1331	1332	1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344	1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356	1357	1358	1359	1360	1361	13